| B1 (Official Form 1)(04/13)   |   |                            |  |  |   |                             |  |                                       |
|---|---|----------------------------|--|--|---|-----------------------------|--|---------------------------------------|
|   | States Bankr<br>rthern District   |                            | Court                                      |  |   |                             | Voluntary  | Petition                              |
| Name of Debtor (if individual, enter Last, First, Gazdacko, Norma Sue   | Middle):  |                            | Name                                       | of Joint De                                | ebtor (Spouse   | ) (Last, First,             | , Middle):   |                                       |
| All Other Names used by the Debtor in the last 8 (include married, maiden, and trade names):  | years   |                            |  |  | used by the J<br>maiden, and  |                             | in the last 8 years  |                                       |
| Last four digits of Soc. Sec. or Individual-Taxpa (if more than one, state all)   | yer I.D. (ITIN)/Comp  | plete EIN                  | Last fo                                    | our digits of                              | f Soc. Sec. or  | · Individual-7              | Гахрауег I.D. (ITIN) N   | o./Complete EIN                       |
| Street Address of Debtor (No. and Street, City, at 525 Hilbish Avenue Akron, OH   | nd State):  |                            | Street                                     | Address of                                 | Joint Debtor  | (No. and Str                | reet, City, and State):  |                                       |
|   |   | ZIP Code<br>14312          | -  |  |   |                             |  | ZIP Code                              |
| County of Residence or of the Principal Place of <b>Summit</b>  |   | 14312                      | Count                                      | y of Reside                                | nce or of the   | Principal Pla               | ace of Business:   |                                       |
| Mailing Address of Debtor (if different from stre   | et address):  |                            | Mailin                                     | g Address                                  | of Joint Debt   | or (if differe              | nt from street address):   |                                       |
|   |   | ZIP Code                   |  |  |   |                             |  | ZIP Code                              |
|   |   |                            |  |  |   |                             |  |                                       |
| Location of Principal Assets of Business Debtor (if different from street address above):   |   |                            |  |  |   |                             |  |                                       |
| Type of Debtor  |   | of Business                |  |  | -   | -                           | otcy Code Under Whi  | ch                                    |
| (Form of Organization) (Check one box)  ■ Individual (includes Joint Debtors)  See Exhibit D on page 2 of this form.  □ Corporation (includes LLC and LLP)  □ Partnership  □ Other (If debtor is not one of the above entities, check this box and state type of entity below.) | (Check  ☐ Health Care Bus ☐ Single Asset Re in 11 U.S.C. § 1 ☐ Railroad ☐ Stockbroker ☐ Commodity Bro ☐ Clearing Bank ☐ Other | al Estate as d<br>01 (51B) | efined                                     | Chapt Chapt Chapt Chapt Chapt Chapt        | er 7<br>er 9<br>er 11<br>er 12  | ☐ Ch<br>of<br>☐ Ch<br>of    | led (Check one box)  napter 15 Petition for F a Foreign Main Proce napter 15 Petition for F a Foreign Nonmain Pr | eding<br>Recognition                  |
| Chapter 15 Debtors Country of debtor's center of main interests:  |   | mpt Entity                 |  |  |   |                             | e of Debts<br>c one box)   |                                       |
| Each country in which a foreign proceeding by, regarding, or against debtor is pending:   | (Check box, Debtor is a tax-exunder Title 26 of t Code (the Internal  | the United State           | es   | defined<br>"incurr                         | re primarily co<br>I in 11 U.S.C. §<br>ed by an indivi<br>nal, family, or | 101(8) as<br>dual primarily | busin  | s are primarily<br>less debts.        |
| Filing Fee (Check one box)  Full Filing Fee attached  Filing Fee to be paid in installments (applicable to a attach signed application for the court's consideration debtor is unable to pay fee except in installments. R  | individuals only). Must on certifying that the  | Check if:                  | btor is a sr<br>btor is not<br>btor's aggr | a small busing                             | debtor as defin   | lefined in 11 U             |  |                                       |
| Form 3A.  Filing Fee waiver requested (applicable to chapter attach signed application for the court's consideration)   |   | Check all B. A p           | applicable<br>olan is bein<br>ceptances    | e boxes:<br>ng filed with<br>of the plan w | this petition.  |                             | one or more classes of cr  | · · · · · · · · · · · · · · · · · · · |
| Statistical/Administrative Information  |   |                            |  |  | 3(-).   | THIS                        | SPACE IS FOR COURT   | USE ONLY                              |
| ☐ Debtor estimates that funds will be available ☐ Debtor estimates that, after any exempt proper there will be no funds available for distribution  | erty is excluded and a  | administrativo             |  | es paid,                                   |   |                             |  |                                       |
| Estimated Number of Creditors   |   |                            |  |  |   |                             |  |                                       |
| 1- 50- 100- 200- 1  | 1,000-<br>5,000<br>10,000   |                            | 5,001-<br>60,000                           | 50,001-<br>100,000                         | OVER<br>100,000   |                             |  |                                       |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$<br>\$50,000 \$100,000 \$500,000 to \$1 to million in   | 51,000,001 \$10,000,001 to \$50 million   | to \$100 to                | 100,000,001<br>0 \$500<br>hillion          | \$500,000,001 to \$1 billion               | More than \$1 billion   |                             |  |                                       |
| \$0 to \$50,001 to \$100,001 to \$500,001 \$  | 51,000,001 \$10,000,001 to \$50   |                            |  | \$500,000,001 to \$1 billion               | More than \$1 billion   |                             |  |                                       |

**B1** (Official Form 1)(04/13) Page 2 Name of Debtor(s): **Voluntary Petition** Gazdacko, Norma Sue (This page must be completed and filed in every case) All Prior Bankruptcy Cases Filed Within Last 8 Years (If more than two, attach additional sheet) Location Case Number: Date Filed: Where Filed: Norhern Ohio Dismissed chptr 13 13-53051 10/20/13 Case Number: Date Filed: Location Where Filed: Northern Ohio Dismissed chptr 13 11-51776 5/06/11 Pending Bankruptcy Case Filed by any Spouse, Partner, or Affiliate of this Debtor (If more than one, attach additional sheet) Name of Debtor: Case Number: Date Filed: - None -District: Relationship: Judge: Exhibit B Exhibit A (To be completed if debtor is an individual whose debts are primarily consumer debts.) I, the attorney for the petitioner named in the foregoing petition, declare that I (To be completed if debtor is required to file periodic reports (e.g., have informed the petitioner that [he or she] may proceed under chapter 7, 11, forms 10K and 10Q) with the Securities and Exchange Commission 12, or 13 of title 11, United States Code, and have explained the relief available pursuant to Section 13 or 15(d) of the Securities Exchange Act of 1934 under each such chapter. I further certify that I delivered to the debtor the notice and is requesting relief under chapter 11.) required by 11 U.S.C. §342(b). ☐ Exhibit A is attached and made a part of this petition.  $\mathbf{X}$  /s/ Mark H. Knevel January 14, 2015 Signature of Attorney for Debtor(s) (Date) Mark H. Knevel (0029285) Exhibit C Does the debtor own or have possession of any property that poses or is alleged to pose a threat of imminent and identifiable harm to public health or safety? Yes, and Exhibit C is attached and made a part of this petition. No. Exhibit D (To be completed by every individual debtor. If a joint petition is filed, each spouse must complete and attach a separate Exhibit D.) Exhibit D completed and signed by the debtor is attached and made a part of this petition. If this is a joint petition: ☐ Exhibit D also completed and signed by the joint debtor is attached and made a part of this petition. Information Regarding the Debtor - Venue (Check any applicable box) Debtor has been domiciled or has had a residence, principal place of business, or principal assets in this District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District. There is a bankruptcy case concerning debtor's affiliate, general partner, or partnership pending in this District. Debtor is a debtor in a foreign proceeding and has its principal place of business or principal assets in the United States in П this District, or has no principal place of business or assets in the United States but is a defendant in an action or proceeding [in a federal or state court] in this District, or the interests of the parties will be served in regard to the relief sought in this District. Certification by a Debtor Who Resides as a Tenant of Residential Property (Check all applicable boxes) Landlord has a judgment against the debtor for possession of debtor's residence. (If box checked, complete the following.) (Name of landlord that obtained judgment) (Address of landlord) Debtor claims that under applicable nonbankruptcy law, there are circumstances under which the debtor would be permitted to cure the entire monetary default that gave rise to the judgment for possession, after the judgment for possession was entered, and П Debtor has included with this petition the deposit with the court of any rent that would become due during the 30-day period after the filing of the petition. П Debtor certifies that he/she has served the Landlord with this certification. (11 U.S.C. § 362(l)).

B1 (Official Form 1)(04/13) Page 3

Signatures

# **Voluntary Petition**

(This page must be completed and filed in every case)

# Gazdacko, Norma Sue

Name of Debtor(s):

#### Signature(s) of Debtor(s) (Individual/Joint)

I declare under penalty of perjury that the information provided in this petition is true and correct.

[If petitioner is an individual whose debts are primarily consumer debts and has chosen to file under chapter 7] I am aware that I may proceed under chapter 7, 11, 12, or 13 of title 11, United States Code, understand the relief available under each such chapter, and choose to proceed under chapter 7. [If no attorney represents me and no bankruptcy petition preparer signs the petition] I have obtained and read the notice required by 11 U.S.C. §342(b).

I request relief in accordance with the chapter of title 11, United States Code, specified in this petition.

#### ▼ /s/ Norma Sue Gazdacko

Signature of Debtor Norma Sue Gazdacko

X.

Signature of Joint Debtor

Telephone Number (If not represented by attorney)

January 14, 2015

Date

#### Signature of Attorney\*

#### X /s/ Mark H. Knevel

Signature of Attorney for Debtor(s)

#### Mark H. Knevel (0029285)

Printed Name of Attorney for Debtor(s)

#### KNEVEL & ASSOCIATES CO LPA

Firm Name

5250 Transportation Blvd #201 Garfield Heights, OH 44125

Address

#### Email: mknevel@knevel.com

(216) 523-7800 Fax: (216) 523-7801

Telephone Number

# January 14, 2015

Date

\*In a case in which § 707(b)(4)(D) applies, this signature also constitutes a certification that the attorney has no knowledge after an inquiry that the information in the schedules is incorrect.

#### Signature of Debtor (Corporation/Partnership)

I declare under penalty of perjury that the information provided in this petition is true and correct, and that I have been authorized to file this petition on behalf of the debtor.

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

X

Signature of Authorized Individual

Printed Name of Authorized Individual

Title of Authorized Individual

Date

#### Signature of a Foreign Representative

I declare under penalty of perjury that the information provided in this petition is true and correct, that I am the foreign representative of a debtor in a foreign proceeding, and that I am authorized to file this petition.

(Check only one box.)

- ☐ I request relief in accordance with chapter 15 of title 11. United States Code. Certified copies of the documents required by 11 U.S.C. §1515 are attached.
- ☐ Pursuant to 11 U.S.C. §1511, I request relief in accordance with the chapter of title 11 specified in this petition. A certified copy of the order granting recognition of the foreign main proceeding is attached.

X

Signature of Foreign Representative

Printed Name of Foreign Representative

Dat

#### Signature of Non-Attorney Bankruptcy Petition Preparer

I declare under penalty of perjury that: (1) I am a bankruptcy petition preparer as defined in 11 U.S.C. § 110; (2) I prepared this document for compensation and have provided the debtor with a copy of this document and the notices and information required under 11 U.S.C. §§ 110(b), 110(h), and 342(b); and, (3) if rules or guidelines have been promulgated pursuant to 11 U.S.C. § 110(h) setting a maximum fee for services chargeable by bankruptcy petition preparers, I have given the debtor notice of the maximum amount before preparing any document for filing for a debtor or accepting any fee from the debtor, as required in that section. Official Form 19 is attached.

Printed Name and title, if any, of Bankruptcy Petition Preparer

Social-Security number (If the bankrutpcy petition preparer is not an individual, state the Social Security number of the officer, principal, responsible person or partner of the bankruptcy petition preparer.)(Required by 11 U.S.C. § 110.)

 $\mathbf{v}$ 

Date

Address

Signature of bankruptcy petition preparer or officer, principal, responsible person, or partner whose Social Security number is provided above.

Names and Social-Security numbers of all other individuals who prepared or assisted in preparing this document unless the bankruptcy petition preparer is not an individual:

If more than one person prepared this document, attach additional sheets conforming to the appropriate official form for each person.

A bankruptcy petition preparer's failure to comply with the provisions of title 11 and the Federal Rules of Bankruptcy Procedure may result in fines or imprisonment or both. 11 U.S.C. §110; 18 U.S.C. §156.

B 1D (Official Form 1, Exhibit D) (12/09)

# United States Bankruptcy Court Northern District of Ohio

| In re | Norma Sue Gazdacko |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
| ·     |                    | Debtor(s) | Chapter  | 7 |

# EXHIBIT D - INDIVIDUAL DEBTOR'S STATEMENT OF COMPLIANCE WITH CREDIT COUNSELING REQUIREMENT

Warning: You must be able to check truthfully one of the five statements regarding credit counseling listed below. If you cannot do so, you are not eligible to file a bankruptcy case, and the court can dismiss any case you do file. If that happens, you will lose whatever filing fee you paid, and your creditors will be able to resume collection activities against you. If your case is dismissed and you file another bankruptcy case later, you may be required to pay a second filing fee and you may have to take extra steps to stop creditors' collection activities.

Every individual debtor must file this Exhibit D. If a joint petition is filed, each spouse must complete and file a separate Exhibit D. Check one of the five statements below and attach any documents as directed.

- 1. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, and I have a certificate from the agency describing the services provided to me. *Attach a copy of the certificate and a copy of any debt repayment plan developed through the agency*.
- □ 2. Within the 180 days **before the filing of my bankruptcy case**, I received a briefing from a credit counseling agency approved by the United States trustee or bankruptcy administrator that outlined the opportunities for available credit counseling and assisted me in performing a related budget analysis, but I do not have a certificate from the agency describing the services provided to me. You must file a copy of a certificate from the agency describing the services provided to you and a copy of any debt repayment plan developed through the agency no later than 14 days after your bankruptcy case is filed.
- □ 3. I certify that I requested credit counseling services from an approved agency but was unable to obtain the services during the seven days from the time I made my request, and the following exigent circumstances merit a temporary waiver of the credit counseling requirement so I can file my bankruptcy case now. [Summarize exigent circumstances here.]

If your certification is satisfactory to the court, you must still obtain the credit counseling briefing within the first 30 days after you file your bankruptcy petition and promptly file a certificate from the agency that provided the counseling, together with a copy of any debt management plan developed through the agency. Failure to fulfill these requirements may result in dismissal of your case. Any extension of the 30-day deadline can be granted only for cause and is limited to a maximum of 15 days. Your case may also be dismissed if the court is not satisfied with your reasons for filing your bankruptcy case without first receiving a credit counseling briefing.

| ☐ 4. I am not required to receive a cr     | redit counseling brief | fing because of: [C | heck the applicable |
|--|------------------------|---------------------|---------------------|
| statement.] [Must be accompanied by a moti | ion for determination  | n by the court.]    |                     |

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Best Case Bankruptcy

| ☐ Incapacity. (Defined in 11 U.S.C. § 109(h)(4) as impaired by reason of mental illness of         | or |
|--|----|
| mental deficiency so as to be incapable of realizing and making rational decisions with respect to | С  |
| financial responsibilities.);  |    |
|  |    |

☐ Disability. (Defined in 11 U.S.C. § 109(h)(4) as physically impaired to the extent of being unable, after reasonable effort, to participate in a credit counseling briefing in person, by telephone, or through the Internet.);

□ Active military duty in a military combat zone.

□ 5. The United States trustee or bankruptcy administrator has determined that the credit counseling requirement of 11 U.S.C. § 109(h) does not apply in this district.

I certify under penalty of perjury that the information provided above is true and correct.

Signature of Debtor: /s/ Norma Sue Gazdacko

Norma Sue Gazdacko

Date: January 14, 2015

# **United States Bankruptcy Court Northern District of Ohio**

| In re | Norma Sue Gazdacko |        | Case No. |   |
|-------|--------------------|--------|----------|---|
|       |                    | Debtor | ,        |   |
|       |                    |        | Chapter  | 7 |

# **SUMMARY OF SCHEDULES**

Indicate as to each schedule whether that schedule is attached and state the number of pages in each. Report the totals from Schedules A, B, D, E, F, I, and J in the boxes provided. Add the amounts from Schedules A and B to determine the total amount of the debtor's assets. Add the amounts of all claims from Schedules D, E, and F to determine the total amount of the debtor's liabilities. Individual debtors must also complete the "Statistical Summary of Certain Liabilities and Related Data" if they file a case under chapter 7, 11, or 13.

| NAME OF SCHEDULE  | ATTACHED<br>(YES/NO) | NO. OF<br>SHEETS | ASSETS            | LIABILITIES | OTHER    |
|---|----------------------|------------------|-------------------|-------------|----------|
| A - Real Property   | Yes                  | 1                | 95,000.00         |             |          |
| B - Personal Property   | Yes                  | 3                | 3,049.13          |             |          |
| C - Property Claimed as Exempt  | Yes                  | 1                |                   |             |          |
| D - Creditors Holding Secured Claims  | Yes                  | 1                |                   | 220,000.00  |          |
| E - Creditors Holding Unsecured Priority Claims (Total of Claims on Schedule E) | Yes                  | 2                |                   | 2,767.00    |          |
| F - Creditors Holding Unsecured<br>Nonpriority Claims                           | Yes                  | 2                |                   | 20,320.00   |          |
| G - Executory Contracts and<br>Unexpired Leases                                 | Yes                  | 1                |                   |             |          |
| H - Codebtors   | Yes                  | 1                |                   |             |          |
| I - Current Income of Individual<br>Debtor(s)                                   | Yes                  | 2                |                   |             | 4,637.57 |
| J - Current Expenditures of Individual Debtor(s)                                | Yes                  | 2                |                   |             | 5,672.00 |
| Total Number of Sheets of ALL Schedu  | ıles                 | 16               |                   |             |          |
|   | T                    | otal Assets      | 98,049.13         |             |          |
|   |                      | l                | Total Liabilities | 243,087.00  |          |

# **United States Bankruptcy Court Northern District of Ohio**

| In re | Norma Sue Gazdacko |          | Case No. |   |
|-------|--------------------|----------|----------|---|
| _     |                    | Debtor , |          |   |
|       |                    |          | Chapter  | 7 |
|       |                    |          | • ——     | • |

# STATISTICAL SUMMARY OF CERTAIN LIABILITIES AND RELATED DATA (28 U.S.C. § 159)

If you are an individual debtor whose debts are primarily consumer debts, as defined in § 101(8) of the Bankruptcy Code (11 U.S.C.§ 101(8)), filing a case under chapter 7, 11 or 13, you must report all information requested below.

☐ Check this box if you are an individual debtor whose debts are NOT primarily consumer debts. You are not required to report any information here.

This information is for statistical purposes only under 28 U.S.C. § 159.

Summarize the following types of liabilities, as reported in the Schedules, and total them.

| Type of Liability   | Amount   |
|---|----------|
| Domestic Support Obligations (from Schedule E)  | 0.00     |
| Taxes and Certain Other Debts Owed to Governmental Units (from Schedule E)  | 2,767.00 |
| Claims for Death or Personal Injury While Debtor Was Intoxicated (from Schedule E) (whether disputed or undisputed) | 0.00     |
| Student Loan Obligations (from Schedule F)  | 0.00     |
| Domestic Support, Separation Agreement, and Divorce Decree<br>Obligations Not Reported on Schedule E                | 0.00     |
| Obligations to Pension or Profit-Sharing, and Other Similar Obligations (from Schedule F)                           | 0.00     |
| TOTAL   | 2,767.00 |

#### State the following:

| Average Income (from Schedule I, Line 12)  | 4,637.57 |
|--|----------|
| Average Expenses (from Schedule J, Line 22)  | 5,672.00 |
| Current Monthly Income (from Form 22A-1 Line 11; OR, Form 22B Line 14; OR, Form 22C-1 Line 14) | 4,185.85 |

#### State the following:

| Total from Schedule D, "UNSECURED PORTION, IF ANY" column                  |          | 125,000.00 |
|--|----------|------------|
| 2. Total from Schedule E, "AMOUNT ENTITLED TO PRIORITY" column             | 2,767.00 |            |
| 3. Total from Schedule E, "AMOUNT NOT ENTITLED TO PRIORITY, IF ANY" column |          | 0.00       |
| 4. Total from Schedule F   |          | 20,320.00  |
| 5. Total of non-priority unsecured debt (sum of 1, 3, and 4)               |          | 145,320.00 |

| In re | Norma Sue Gazdacko | Case No. |  |
|-------|--------------------|----------|--|
| _     |                    |          |  |
|       |                    | Debtor   |  |

#### **SCHEDULE A - REAL PROPERTY**

Except as directed below, list all real property in which the debtor has any legal, equitable, or future interest, including all property owned as a cotenant, community property, or in which the debtor has a life estate. Include any property in which the debtor holds rights and powers exercisable for the debtor's own benefit. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor holds no interest in real property, write "None" under "Description and Location of Property."

Do not include interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and **Unexpired Leases.** 

If an entity claims to have a lien or hold a secured interest in any property, state the amount of the secured claim. See Schedule D. If no entity claims to hold a secured interest in the property, write "None" in the column labeled "Amount of Secured Claim." If the debtor is an individual or if a joint petition is filed, state the amount of any exemption claimed in the property only in Schedule C - Property Claimed as Exempt.

Current Value of Husband, Debtor's Interest in Wife, Nature of Debtor's Amount of Description and Location of Property Property, without Joint, or Secured Claim Interest in Property Deducting any Secured Claim or Exemption Community 95,000.00 Debtor owns jointly with 220,000.00 525 Hilbish Avenue

Akron, Ohio Liens: 1) Selene Finance, \$220,000 Intend to retain and pay

non-filing spouse.

Sub-Total > 95,000.00 (Total of this page)

Total > 95,000.00

**0** continuation sheets attached to the Schedule of Real Property

(Report also on Summary of Schedules)

| In re | Norma Sue Gazdacko |        | Case No. |  |
|-------|--------------------|--------|----------|--|
|       |                    |        |          |  |
|       |                    | Debtor |          |  |

# **SCHEDULE B - PERSONAL PROPERTY**

Except as directed below, list all personal property of the debtor of whatever kind. If the debtor has no property in one or more of the categories, place an "x" in the appropriate position in the column labeled "None." If additional space is needed in any category, attach a separate sheet properly identified with the case name, case number, and the number of the category. If the debtor is married, state whether husband, wife, both, or the marital community own the property by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the debtor is an individual or a joint petition is filed, state the amount of any exemptions claimed only in Schedule C - Property Claimed as Exempt.

Do not list interests in executory contracts and unexpired leases on this schedule. List them in Schedule G - Executory Contracts and Unexpired Leases.

If the property is being held for the debtor by someone else, state that person's name and address under "Description and Location of Property." If the property is being held for a minor child, simply state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

|     | Type of Property  | N O N Description and Location of Property E                                    | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|---|---|---|
| 1.  | Cash on hand  | Cash on hand  | -   | 20.00   |
| 2.  | Checking, savings or other financial accounts, certificates of deposit, or shares in banks, savings and loan, thrift, building and loan, and homestead associations, or credit unions, brokerage houses, or cooperatives. | Fifth Third Bank<br>Checking account<br>Joint account with non-filing spouse    | -   | 500.00  |
| 3.  | Security deposits with public utilities, telephone companies, landlords, and others.  | х   |   |   |
| 4.  | Household goods and furnishings, including audio, video, and computer equipment.  | Household goods and furnishings. No single item has a value in excess of \$525. | -   | 562.50  |
| 5.  | Books, pictures and other art objects, antiques, stamp, coin, record, tape, compact disc, and other collections or collectibles.  | X   |   |   |
| 6.  | Wearing apparel.  | Clothing - misc   | -   | 100.00  |
| 7.  | Furs and jewelry.   | Jewelry - Wedding set   | -   | 550.00  |
| 8.  | Firearms and sports, photographic, and other hobby equipment.   | x   |   |   |
| 9.  | Interests in insurance policies.<br>Name insurance company of each<br>policy and itemize surrender or<br>refund value of each.  | X   |   |   |
| 10. | Annuities. Itemize and name each issuer.  | х   |   |   |

Sub-Total > 1,732.50
(Total of this page)

**2** continuation sheets attached to the Schedule of Personal Property

In re Norma Sue Gazdacko

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property      | =        | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|---|----------|---|---|
| 11. | Interests in an education IRA as defined in 26 U.S.C. § 530(b)(1) or under a qualified State tuition plan as defined in 26 U.S.C. § 529(b)(1). Give particulars. (File separately the record(s) of any such interest(s). 11 U.S.C. § 521(c).) | х                |   |          |   |   |
| 12. | Interests in IRA, ERISA, Keogh, or other pension or profit sharing plans. Give particulars.   | X                |   |          |   |   |
| 13. | Stock and interests in incorporated and unincorporated businesses. Itemize.   |                  | Walgreens stock<br>Shares 1.8844          |          | -   | 116.63  |
| 14. | Interests in partnerships or joint ventures. Itemize.   | X                |   |          |   |   |
| 15. | Government and corporate bonds and other negotiable and nonnegotiable instruments.  | X                |   |          |   |   |
| 16. | Accounts receivable.  | X                |   |          |   |   |
| 17. | Alimony, maintenance, support, and property settlements to which the debtor is or may be entitled. Give particulars.  | X                |   |          |   |   |
| 18. | Other liquidated debts owed to debtor including tax refunds. Give particulars.  |                  | 2014 Federal and State Income Tax Refunds |          | -   | Unknown   |
| 19. | Equitable or future interests, life estates, and rights or powers exercisable for the benefit of the debtor other than those listed in Schedule A - Real Property.  | X                |   |          |   |   |
| 20. | Contingent and noncontingent interests in estate of a decedent, death benefit plan, life insurance policy, or trust.  | X                |   |          |   |   |
| 21. | Other contingent and unliquidated claims of every nature, including tax refunds, counterclaims of the debtor, and rights to setoff claims. Give estimated value of each.  | X                |   |          |   |   |
|     |   |                  |   |          |   |   |
|     |   |                  |   | (Total ( | Sub-Tota                                    | al > 116.63   |

Sheet <u>1</u> of <u>2</u> continuation sheets attached to the Schedule of Personal Property

In re Norma Sue Gazdacko

Debtor

# **SCHEDULE B - PERSONAL PROPERTY**

(Continuation Sheet)

|     | Type of Property  | N<br>O<br>N<br>E | Description and Location of Property | Husband,<br>Wife,<br>Joint, or<br>Community | Current Value of<br>Debtor's Interest in Property,<br>without Deducting any<br>Secured Claim or Exemption |
|-----|---|------------------|--------------------------------------|---|---|
| 22. | Patents, copyrights, and other intellectual property. Give particulars.   | х                |                                      |   |   |
| 23. | Licenses, franchises, and other general intangibles. Give particulars.  | X                |                                      |   |   |
| 24. | Customer lists or other compilations containing personally identifiable information (as defined in 11 U.S.C. § 101(41A)) provided to the debtor by individuals in connection with obtaining a product or service from the debtor primarily for personal, family, or household purposes. | X                |                                      |   |   |
| 25. | Automobiles, trucks, trailers, and other vehicles and accessories.  | 2000<br>No lie   | GMC Jimmy<br>en                      | -   | 1,200.00  |
| 26. | Boats, motors, and accessories.   | X                |                                      |   |   |
| 27. | Aircraft and accessories.   | X                |                                      |   |   |
| 28. | Office equipment, furnishings, and supplies.  | X                |                                      |   |   |
| 29. | Machinery, fixtures, equipment, and supplies used in business.  | X                |                                      |   |   |
| 30. | Inventory.  | X                |                                      |   |   |
| 31. | Animals.  | X                |                                      |   |   |
| 32. | Crops - growing or harvested. Give particulars.   | X                |                                      |   |   |
| 33. | Farming equipment and implements.   | X                |                                      |   |   |
| 34. | Farm supplies, chemicals, and feed.   | X                |                                      |   |   |
| 35. | Other personal property of any kind not already listed. Itemize.  | X                |                                      |   |   |

Sub-Total > (Total of this page)

Total > 3,049.13

Sheet **2** of **2** continuation sheets attached to the Schedule of Personal Property

(Report also on Summary of Schedules)

1,200.00

| •  |    |
|----|----|
| In | re |

Norma Sue Gazdacko

| Case No. |
|----------|
|          |

Debtor

# SCHEDULE C - PROPERTY CLAIMED AS EXEMPT

Debtor claims the exemptions to which debtor is entitled under:  $\hfill\square$  Check if debtor claims a homestead exemption that exceeds \$155,675. (Amount subject to adjustment on 4/1/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.) (Check one box) ☐ 11 U.S.C. §522(b)(2) ☐ 11 U.S.C. §522(b)(3)

| Description of Property   | Specify Law Providing<br>Each Exemption   | Value of<br>Claimed<br>Exemption | Current Value of<br>Property Without<br>Deducting Exemption |
|---|---|----------------------------------|---|
| Cash on Hand<br>Cash on hand  | Ohio Rev. Code Ann. § 2329.66(A)(3)   | 20.00                            | 20.00   |
| Checking, Savings, or Other Financial Accounts, C<br>Fifth Third Bank<br>Checking account<br>Joint account with non-filing spouse | ertificates of Deposit Ohio Rev. Code Ann. § 2329.66(A)(3) Ohio Rev. Code Ann. § 2329.66(A)(18) | 430.00<br>70.00                  | 1,000.00  |
| Household Goods and Furnishings Household goods and furnishings. No single item has a value in excess of \$525.                   | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)   | 562.00                           | 1,125.00  |
| Wearing Apparel Clothing - misc   | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(a)   | 100.00                           | 100.00  |
| <u>Furs and Jewelry</u><br>Jewelry - Wedding set  | Ohio Rev. Code Ann. §<br>2329.66(A)(4)(b)   | 550.00                           | 550.00  |
| Stock and Interests in Businesses<br>Walgreens stock<br>Shares 1.8844   | Ohio Rev. Code Ann. § 2329.66(A)(18)  | 116.63                           | 116.63  |
| <u>Automobiles, Trucks, Trailers, and Other Vehicles</u><br>2000 GMC Jimmy<br>No lien   | Ohio Rev. Code Ann. § 2329.66(A)(2)   | 1,200.00                         | 1,200.00  |

3,048.63 Total: 4,111.63

| In re | Norma Sue Gazdacko | Case No |  |
|-------|--------------------|---------|--|
|       |                    |         |  |

Debtor

# SCHEDULE D - CREDITORS HOLDING SECURED CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number of all entities holding claims secured by property of the debtor as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. List creditors holding all types of secured interests such as judgment liens, garnishments, statutory liens, mortgages, deeds of trust, and other security interests.

List creditors in alphabetical order to the extent practicable. If a minor child is a creditor, the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured

guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). If all secured creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor", include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H", "W", "J", or "C" in the column labeled "Husband, Wife, Joint, or Community".

If the claim is contingent, place an "X" in the column labeled "Contingent". If the claim is unliquidated, place an "X" in the column labeled "Unliquidated". If the claim is disputed, place an "X" in the column labeled "Unliquidated". (You may need to place an "X" in more than one of these three columns.)

Total the completed schedule. Report the total from the column labeled "Amount of Claim" also on the Summary of Schedules and, if the debtor is an individual with primarily consumer debts, report the total from the column labeled "Unsecured Portion" on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding secured claims to report on this Schedule D.

|  |          | _        |  |             |                       |          |  |                                 |
|--|----------|----------|--|-------------|-----------------------|----------|--|---------------------------------|
| CREDITOR'S NAME AND MAILING ADDRESS INCLUDING ZIP CODE, AND ACCOUNT NUMBER (See instructions above.) | СОПШВНОК | I IS > O | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED,  NATURE OF LIEN, AND  DESCRIPTION AND VALUE  OF PROPERTY  SUBJECT TO LIEN | COZH — ZGEZ | >U-CO-LZC             | DISPUTED | AMOUNT OF<br>CLAIM<br>WITHOUT<br>DEDUCTING<br>VALUE OF<br>COLLATERAL | UNSECURED<br>PORTION, IF<br>ANY |
| Account No.  |          |          | First mortgage   | Т           | D<br>A<br>T<br>E<br>D |          |  |                                 |
| Selene Finance<br>9990 Richmond Suite 400 South<br>Houston, TX 77042                                 |          | -        | 525 Hilbish Avenue<br>Akron, Ohio<br>Liens:<br>1) Selene Finance, \$220,000<br>Intend to retain and pay                              |             | D                     |          |  |                                 |
|  |          |          | Value \$ 95,000.00   | Ш           |                       |          | 220,000.00   | 125,000.00                      |
| Account No.  Account No.   |          |          | Value \$   | -           |                       |          |  |                                 |
| Account No.  |          |          | Value \$   | -           |                       |          |  |                                 |
|  |          |          | Value \$   | -           |                       |          |  |                                 |
| continuation sheets attached   |          |          |  | Subte       |                       |          | 220,000.00   | 125,000.00                      |
|  |          |          | (Report on Summary of Sc   |             | otal<br>ules          |          | 220,000.00   | 125,000.00                      |

| n | re |
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| Norma S | Sue Ga: | zdacko |
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|---------|---------|--------|

Debtor

#### SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

A complete list of claims entitled to priority, listed separately by type of priority, is to be set forth on the sheets provided. Only holders of unsecured claims entitled to priority should be listed in this schedule. In the boxes provided on the attached sheets, state the name, mailing address, including zip code, and last four digits of the account number, if any, of all entities holding priority claims against the debtor or the property of the debtor, as of the date of the filing of the petition. Use a separate continuation sheet for each type of priority and label each with the type of priority.

The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H-Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community." If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of claims listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all claims listed on this Schedule E in the box labeled

| Total on the last sheet of the completed schedule. Report this total also on the Summary of Schedules.  |
|---|
| Report the total of amounts entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data.         |
| Report the total of amounts not entitled to priority listed on each sheet in the box labeled "Subtotals" on each sheet. Report the total of all amounts not entitled to priority listed on this Schedule E in the box labeled "Totals" on the last sheet of the completed schedule. Individual debtors with primarily consumer debts report this total also on the Statistical Summary of Certain Liabilities and Related Data. |
| ☐ Check this box if debtor has no creditors holding unsecured priority claims to report on this Schedule E.   |
| TYPES OF PRIORITY CLAIMS (Check the appropriate box(es) below if claims in that category are listed on the attached sheets)   |
| ☐ Domestic support obligations  |
| Claims for domestic support that are owed to or recoverable by a spouse, former spouse, or child of the debtor, or the parent, legal guardian, or responsible relative of such a child, or a governmental unit to whom such a domestic support claim has been assigned to the extent provided in 11 U.S.C. § 507(a)(1).   |
| ☐ Extensions of credit in an involuntary case   |
| Claims arising in the ordinary course of the debtor's business or financial affairs after the commencement of the case but before the earlier of the appointment of a trustee or the order for relief. 11 U.S.C. § 507(a)(3).   |
| ☐ Wages, salaries, and commissions  |
| Wages, salaries, and commissions, including vacation, severance, and sick leave pay owing to employees and commissions owing to qualifying independent sales representatives up to \$12,475* per person earned within 180 days immediately preceding the filing of the original petition, or the cessation of business, whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(4).                              |
| ☐ Contributions to employee benefit plans   |
| Money owed to employee benefit plans for services rendered within 180 days immediately preceding the filing of the original petition, or the cessation of business whichever occurred first, to the extent provided in 11 U.S.C. § 507(a)(5).   |
| ☐ Certain farmers and fishermen   |
| Claims of certain farmers and fishermen, up to \$6,150* per farmer or fisherman, against the debtor, as provided in 11 U.S.C. § 507(a)(6).  |
| □ Danasits by individuals   |

Claims of individuals up to \$2,775\* for deposits for the purchase, lease, or rental of property or services for personal, family, or household use, that were not delivered or provided. 11 U.S.C. § 507(a)(7).

### ■ Taxes and certain other debts owed to governmental units

Taxes, customs duties, and penalties owing to federal, state, and local governmental units as set forth in 11 U.S.C. § 507(a)(8).

#### ☐ Commitments to maintain the capital of an insured depository institution

Claims based on commitments to the FDIC, RTC, Director of the Office of Thrift Supervision, Comptroller of the Currency, or Board of Governors of the Federal Reserve System, or their predecessors or successors, to maintain the capital of an insured depository institution. 11 U.S.C. § 507 (a)(9).

#### ☐ Claims for death or personal injury while debtor was intoxicated

Claims for death or personal injury resulting from the operation of a motor vehicle or vessel while the debtor was intoxicated from using alcohol, a drug, or another substance. 11 U.S.C. § 507(a)(10).

continuation sheets attached

<sup>\*</sup> Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

| ln re | Norma | Sue | Gazdack |
|-------|-------|-----|---------|
|       |       |     |         |

| Case No. |  |
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|          |  |

Debtor

# SCHEDULE E - CREDITORS HOLDING UNSECURED PRIORITY CLAIMS

(Continuation Sheet)

**Taxes and Certain Other Debts Owed to Governmental Units** 

|   |          |                        |  |            |      | -        | ΓΥΡΕ OF PRIORITY   | •  |
|---|----------|------------------------|--|------------|------|----------|--------------------|--|
| CREDITOR'S NAME,<br>AND MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C | sband, Wife, Joint, or Community  DATE CLAIM WAS INCURRED  AND CONSIDERATION FOR CLAIM | CONTINGENT |      | DISPUTED | AMOUNT<br>OF CLAIM | AMOUNT NOT<br>ENTITLED TO<br>PRIORITY, IF ANY<br>AMOUNT<br>ENTITLED TO<br>PRIORITY |
| Account No.   |          |                        | 2011 - 2012  | '          | E    |          |                    |  |
| Internal Revenue Service*<br>PO Box 7346<br>Philadelphia, PA 19101-7346                                     |          | _                      | Personal taxes   |            | J.   |          |                    | 0.00   |
|   | ╀        |                        |  | _          |      |          | 2,767.00           | 2,767.00   |
| Account No.   |          |                        |  |            |      |          |                    |  |
| Account No.   | T        |                        |  |            |      |          |                    |  |
|   |          |                        |  |            |      |          |                    |  |
| Account No.   | 1        |                        |  |            |      |          |                    |  |
|   |          |                        |  |            |      |          |                    |  |
| Account No.   | T        |                        |  |            |      |          |                    |  |
|   |          |                        |  |            |      |          |                    |  |
| Sheet 1 of 1 continuation sheets atta   | che      | d to                   |  | Subt       |      | - 1      |                    | 0.00   |
| Schedule of Creditors Holding Unsecured Price   |          |                        |  |            |      | H        | 2,767.00           | 2,767.00   |
|   |          |                        | <i>d</i> 5   |            | `ota | - 1      | 6 6-               | 0.00   |
|   |          |                        | (Report on Summary of S  | chec       | ıule | s)       | 2,767.00           | 2,767.00   |

| In re | Norma Sue Gazdacko | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS

State the name, mailing address, including zip code, and last four digits of any account number, of all entities holding unsecured claims without priority against the debtor or the property of the debtor, as of the date of filing of the petition. The complete account number of any account the debtor has with the creditor is useful to the trustee and the creditor and may be provided if the debtor chooses to do so. If a minor child is a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m). Do not include claims listed in Schedules D and E. If all creditors will not fit on this page, use the continuation sheet provided.

If any entity other than a spouse in a joint case may be jointly liable on a claim, place an "X" in the column labeled "Codebtor," include the entity on the appropriate schedule of creditors, and complete Schedule H - Codebtors. If a joint petition is filed, state whether the husband, wife, both of them, or the marital community may be liable on each claim by placing an "H," "W," "J," or "C" in the column labeled "Husband, Wife, Joint, or Community."

If the claim is contingent, place an "X" in the column labeled "Contingent." If the claim is unliquidated, place an "X" in the column labeled "Unliquidated." If the claim is disputed, place an "X" in the column labeled "Disputed." (You may need to place an "X" in more than one of these three columns.)

Report the total of all claims listed on this schedule in the box labeled "Total" on the last sheet of the completed schedule. Report this total also on the Summary of

Schedules and, if the debtor is an individual with primarily consumer debts, report this total also on the Statistical Summary of Certain Liabilities and Related Data.

Check this box if debtor has no creditors holding unsecured claims to report on this Schedule F.

| CREDITOR'S NAME,<br>MAILING ADDRESS<br>INCLUDING ZIP CODE,<br>AND ACCOUNT NUMBER<br>(See instructions above.) | CODEBTOR | Hu<br>H<br>W<br>J<br>C |                          | CONTINGEN   | UNLIQUIDAT |   | )<br> <br>          | AMOUNT OF CLAIM |
|---|----------|------------------------|--------------------------|-------------|------------|---|---------------------|-----------------|
| Account No. 2107  |          |                        | Revolving account        | Ť           | TED        |   |                     |                 |
| Capital One<br>PO Box 85064<br>Glen Allen, VA 23058   |          | -                      |                          |             | D          |   |                     | 493.00          |
| Account No. 3654  |          |                        | Revolving account        |             |            | H | +                   |                 |
| Capital One<br>PO Box 85064<br>Glen Allen, VA 23058   |          | _                      |                          |             |            |   |                     | 2,300.00        |
| Account No. <b>7196</b>   |          |                        | Revolving account        |             |            | T | 1                   |                 |
| Capital One<br>PO Box 85064<br>Glen Allen, VA 23058   |          | -                      |                          |             |            |   |                     |                 |
|   |          |                        |                          |             |            |   |                     | 749.00          |
| Account No. Multiple  Citifinancial Inc 350 N St Paul #2900 Dallas, TX 75201                                  |          | _                      | For notice purposes only |             |            |   |                     |                 |
|   |          |                        |                          |             |            |   |                     | 0.00            |
| 1 continuation sheets attached  |          |                        | (Total of t              | Subi<br>his |            |   | $\int_{0}^{\infty}$ | 3,542.00        |

| In re | Norma Sue Gazdacko | Case No. |  |
|-------|--------------------|----------|--|
| -     |                    | Debtor , |  |

# SCHEDULE F - CREDITORS HOLDING UNSECURED NONPRIORITY CLAIMS (Continuation Sheet)

|  | 16       | Lu       | ach and Mitter Taint an Occurrent                                 | <del></del> |  | 15       | T               |
|--|----------|----------|---|-------------|--|----------|-----------------|
| CREDITOR'S NAME,                               | CODEBTOR | "        | sband, Wife, Joint, or Community                                  |             | N  | 1        |                 |
| MAILING ADDRESS<br>INCLUDING ZIP CODE,         | ΙĔ       | H<br>W   | DATE CLAIM WAS INCURRED AND                                       | N<br>T      | ֓֡֜֝֞֜֜֜֡֓֓֓֜֜֜֡֡֡֓֓֓֜֜֡֡֡֡֓֓֡֡֡֡֡֡֡֡֡֡֡ | P        |                 |
| AND ACCOUNT NUMBER                             | I F      | J        | CONSIDERATION FOR CLAIM. IF CLAIM IS SUBJECT TO SETOFF, SO STATE. | N<br>N      | ijÜ                                      | Ĭ        | AMOUNT OF CLAIM |
| (See instructions above.)                      | R        | С        | is subject to setore, so state.                                   | N G E N T   | Ď  | P        |                 |
| Account No. 9704                               |          |          | Revolving account   | <b>∃</b> ₹  | T  | DISPUTED |                 |
|  |          |          |   | $\vdash$    | +  | +        | -               |
| HFC<br>Po Box 4153                             |          | <u> </u> |   |             |  |          |                 |
| Carol Stream, IL 60197                         |          | -        |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          | 15,278.00       |
| Account No.                                    | ╁        | $\vdash$ | Revolving account   | +           | +  | +        | 10,210100       |
|  | 1        |          |   |             |  |          |                 |
| Target/Td                                      | ı        |          |   |             |  |          |                 |
| PO Box 673                                     |          | -        |   |             |  |          |                 |
| Minneapolis, MN 55440                          |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          | 500.00          |
| Account No.                                    |          |          | Revolving account   |             |  |          |                 |
| Thd/Cbna                                       |          |          |   |             |  |          |                 |
| PO Box 6497                                    |          | L        |   |             |  |          |                 |
| Sioux Falls, SD 57117                          |          |          |   |             |  |          |                 |
| Sloux Falls, 3D 37 117                         |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          | 1,000.00        |
| Account No.                                    | ╀        | ╁        |   | +           | +  | +        | 1,00000         |
| Account No.                                    | -        |          |   |             |  |          |                 |
|  | ı        |          |   |             |  |          |                 |
|  | ı        |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
| Account No.                                    | ╁        | ╁        |   | +           | +  | +        |                 |
|  | 1        |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
|  |          |          |   |             |  |          |                 |
| Sheet no1 of _1 sheets attached to Schedule of |          |          | 1   | Sub         | otot                                     | al       |                 |
| Creditors Holding Unsecured Nonpriority Claims |          |          | (Total of   |             |  |          | 16,778.00       |
| Creations from the Charles Charles             |          |          | (Total of   |             | -  | _        |                 |
|  |          |          | (D  |             | Tot                                      |          | 20,320.00       |
|  |          |          | (Report on Summary of S   | che         | dul                                      | es)      | 20,020.00       |

| In re | Norma Sue Gazdacko | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | Debtor  |  |

# SCHEDULE G - EXECUTORY CONTRACTS AND UNEXPIRED LEASES

Describe all executory contracts of any nature and all unexpired leases of real or personal property. Include any timeshare interests. State nature of debtor's interest in contract, i.e., "Purchaser", "Agent", etc. State whether debtor is the lessor or lessee of a lease. Provide the names and complete mailing addresses of all other parties to each lease or contract described. If a minor child is a party to one of the leases or contracts, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

■ Check this box if debtor has no executory contracts or unexpired leases.

Name and Mailing Address, Including Zip Code, of Other Parties to Lease or Contract

Description of Contract or Lease and Nature of Debtor's Interest. State whether lease is for nonresidential real property. State contract number of any government contract.

| In re | Norma Sue Gazdacko | Case No |  |
|-------|--------------------|---------|--|
| _     |                    | ,       |  |
|       |                    | Debtor  |  |

# **SCHEDULE H - CODEBTORS**

Provide the information requested concerning any person or entity, other than a spouse in a joint case, that is also liable on any debts listed by debtor in the schedules of creditors. Include all guarantors and co-signers. If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within the eight year period immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state, commonwealth, or territory. Include all names used by the nondebtor spouse during the eight years immediately preceding the commencement of this case. If a minor child is a codebtor or a creditor, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. §112 and Fed. R. Bankr. P. 1007(m).

Check this box if debtor has no codebtors.

| NAME AND | ADDRESS | OF CODEBTOR |
|----------|---------|-------------|
|----------|---------|-------------|

NAME AND ADDRESS OF CREDITOR

| Fill               | in this information to identify your ca   | ase:   |                       |                                    |               |                 |                             |                    |                       |                                    |                 |
|--------------------|---|--|-----------------------|------------------------------------|---------------|-----------------|-----------------------------|--------------------|-----------------------|------------------------------------|-----------------|
| Del                | btor 1 Norma Sue  | Gazdacko   |                       |                                    |               | _               |                             |                    |                       |                                    |                 |
|                    | btor 2<br>buse, if filing)  |  |                       |                                    |               | _               |                             |                    |                       |                                    |                 |
| Uni                | ited States Bankruptcy Court for the  | : NORTHERN DISTRI                                    | CT OF O               | HIO                                |               | _               |                             |                    |                       |                                    |                 |
| _                  | se number   |  | _                     |                                    |               |                 | Check if                    | this is:           |                       |                                    |                 |
| (If Kr             | nown)   |  |                       |                                    |               |                 | ☐ An a                      |                    |                       |                                    |                 |
|                    |   |  |                       |                                    |               |                 | -                           |                    |                       | ng post-petitio<br>following date: |                 |
| 0                  | fficial Form B 6I   |  |                       |                                    |               |                 | NANA                        | / DD/ Y`           |                       | -                                  |                 |
| S                  | chedule I: Your Inc   | ome  |                       |                                    |               |                 | IVIIVI /                    | ו /טט              |                       |                                    | 12/1            |
| sup<br>spo<br>atta | as complete and accurate as possiblying correct information. If you use. If you are separated and you ch a separate sheet to this form.  The separate sheet to this form. | are married and not fili<br>r spouse is not filing w | ng jointl<br>ith you, | ly, and your spo<br>do not include | ouse<br>infor | is liv<br>matic | ing with you<br>on about yo | u, inclu<br>ur spo | de infor<br>use. If m | rmation about<br>nore space is     | your<br>needed, |
|                    |   |  |                       |                                    |               |                 |                             |                    |                       |                                    |                 |
| 1.                 | Fill in your employment information.  |  | Debto                 | or 1                               |               |                 | De                          | ebtor 2            | or non-               | filing spouse                      |                 |
|                    | If you have more than one job, attach a separate page with  | Employment status                                    |                       | nployed<br>ot employed             |               |                 |                             | Emplo              | yed<br>nployed        |                                    |                 |
|                    | information about additional employers.   | Occupation   |                       | Retail Services                    |               |                 | Parts Driver                |                    |                       |                                    |                 |
|                    | Include part-time, seasonal, or self-employed work.   | Employer's name                                      | Walg                  | reens                              |               |                 | Va                          | an Dev             | ere                   |                                    |                 |
|                    | Occupation may include student or homemaker, if it applies.   | Employer's address                                   |                       | Canton Road<br>on, OH 44312        |               |                 | _                           |                    | st Mark<br>OH 443     | et Street<br>03                    |                 |
|                    |   | How long employed t                                  | here?                 | 4 Years                            |               |                 |                             | 6                  | Years                 |                                    |                 |
| Pai                | rt 2: Give Details About Mor  | nthly Income   |                       |                                    |               |                 |                             |                    |                       |                                    |                 |
|                    | imate monthly income as of the dause unless you are separated.  | ate you file this form. If                           | you have              | e nothing to repo                  | ort for       | any l           | line, write \$0             | ) in the s         | space. Ir             | nclude your no                     | n-filing        |
|                    | ou or your non-filing spouse have mo<br>e space, attach a separate sheet to   |  | ombine t              | he information fo                  | or all e      | emplo           | oyers for tha               | t persor           | n on the              | lines below. If                    | you need        |
|                    |   |  |                       |                                    |               |                 | For Debtor                  | r 1                |                       | ebtor 2 or<br>ling spouse          |                 |
| 2.                 | List monthly gross wages, sala deductions). If not paid monthly,  |  |                       |                                    | 2.            | \$              | 73                          | 6.30               | \$                    | 1,300.00                           | <u>-</u>        |
| 3.                 | Estimate and list monthly overt   | ime pay.   |                       |                                    | 3.            | +\$             | ·                           | 0.00               | +\$                   | 0.00                               | <u>.</u>        |
| 4.                 | Calculate gross Income. Add lin   | ne 2 + line 3  |                       |                                    | 4             | \$              | 736                         | 30                 | \$                    | 1 300 00                           |                 |

|     |   |   |                      | or Debtor 1   | For Debtor                             | spouse  |                |
|-----|---|---|----------------------|---|--|---|----------------|
|     | Copy line 4 here  | 4.  | \$                   | 736.30  | \$ <u> </u>                            | ,300.00   |                |
| 5.  | List all payroll deductions:  |   |                      |   |  |   |                |
|     | 5a. Tax, Medicare, and Social Security deductions 5b. Mandatory contributions for retirement plans 5c. Voluntary contributions for retirement plans 5d. Required repayments of retirement fund loans 5e. Insurance 5f. Domestic support obligations 5g. Union dues 5h. Other deductions. Specify:   | 5a.<br>5b.<br>5c.<br>5d.<br>5e.<br>5f.<br>5g.<br>5h.+ | \$ \$ \$ \$ \$ \$ \$ | 140.16<br>0.00<br>39.15<br>0.00<br>0.00<br>0.00<br>0.00<br>0.00 | \$<br>\$<br>\$<br>\$<br>\$<br>\$<br>\$ | 115.01<br>0.00<br>0.00<br>0.00<br>60.41<br>0.00<br>0.00<br>0.00 |                |
| 6.  | Add the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.  | 6.  | \$                   | 179.31  | \$                                     | 175.42  |                |
| 7.  | Calculate total monthly take-home pay. Subtract line 6 from line 4.   | 7.  | \$                   | 556.99  | · —                                    | ,124.58   |                |
| 8.  | List all other income regularly received:  8a. Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  8b. Interest and dividends  8c. Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  8d. Unemployment compensation  8e. Social Security  8f. Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify:  8g. Pension or retirement income | 8c.<br>8d.<br>8e.<br>- 8f.<br>8g.                     | \$\$ \$\$\$          | 0.00<br>0.00<br>0.00<br>0.00<br>600.00                          | \$<br>\$                               | 0.00<br>0.00<br>0.00<br>0.00<br>,500.00                         |                |
|     | 8h. Other monthly income. Specify:  | _ <sup>8h.+</sup>                                     | \$                   | 0.00  | + \$                                   | 0.00  | 7              |
| 9.  | Add all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.  | 9.  | \$_                  | 600.00  | \$                                     | 2,356.00  | <u> </u>       |
| 10. | Calculate monthly income. Add line 7 + line 9. Add the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.   | 10. \$  |                      | 1,156.99 + \$_  | 3,480.58                               | = \$  | 4,637.57       |
| 11. | State all other regular contributions to the expenses that you list in Schedule Include contributions from an unmarried partner, members of your household, your other friends or relatives.  Do not include any amounts already included in lines 2-10 or amounts that are not a Specify:  | depend  |                      | •   | ed in <i>Schedul</i> e                 | e <i>J</i> .<br>+\$   | 0.00           |
| 12. | Add the amount in the last column of line 10 to the amount in line 11. The res Write that amount on the Summary of Schedules and Statistical Summary of Certain applies   |   |                      |   |  | · —   | 4,637.57       |
| 13. | Do you expect an increase or decrease within the year after you file this form  No.  ☐ Yes. Explain:  | ?   |                      |   |  | Combin-<br>monthly  | ed<br>/ income |

Official Form B 6I Schedule I: Your Income page 2

| Fill in this             | information to identify y  | our case:            |                               |                       |     |                       |  |
|--------------------------|--|----------------------|-------------------------------|-----------------------|-----|-----------------------|--|
| Debtor 1                 | Norma Sue  | Gazdacko             |                               |                       | Che | ck if this is:        |  |
|                          | 1101111111 0010  |                      |                               |                       |     | An amended filing     |  |
| Debtor 2                 |  |                      |                               |                       |     |                       | ving post-petition chapter                           |
| (Spouse, if              | filing)  |                      |                               |                       |     | 13 expenses as of     | the following date:                                  |
| United Star              | tes Bankruptcy Court for the   | : NORTHERN C         | ISTRICT OF OHIO               |                       |     | MM / DD / YYYY        |  |
| Case numb                | ner  |                      |                               |                       |     | A separate filing for | Debtor 2 because Debtor                              |
| (If known)               |  |                      |                               |                       |     | 2 maintains a sepa    |  |
| Offici                   | al Form B 6J   |                      |                               |                       |     |                       |  |
|                          |  |                      |                               |                       |     |                       |  |
|                          | dule J: Your   |                      |                               |                       | _   |                       | 12/13  |
| informati                | mplete and accurate as<br>ion. If more space is ne<br>(if known). Answer eve | eded, attach ano     |                               |                       |     |                       |  |
| Part 1:                  | Describe Your House  | ∍hold                |                               |                       |     |                       |  |
|                          | is a joint case?   |                      |                               |                       |     |                       |  |
|                          | lo. Go to line 2.  |                      |                               |                       |     |                       |  |
| □ Y                      | es. Does Debtor 2 live   | in a separate hou    | ısehold?                      |                       |     |                       |  |
|                          | □ No   |                      |                               |                       |     |                       |  |
|                          | Yes. Debtor 2 mu   | st file a separate S | Schedule J.                   |                       |     |                       |  |
| 2. <b>Do</b> y           | ou have dependents?  | ■ No                 |                               |                       |     |                       |  |
|                          | not list Debtor 1 and  | <b>□</b> 1 €3.       | this information for ependent | Dependent's relatio   |     | Dependent's age       | Does dependent live with you?                        |
|                          | tor 2.   | eacii u              | ерепиет                       | Debitor 1 of Debtor 2 |     |                       | □ No   |
|                          | not state the endents' names.  |                      |                               |                       |     |                       | ☐ Yes  |
|                          |  |                      |                               | -                     |     |                       | □ No   |
|                          |  |                      |                               |                       |     |                       | ☐ Yes  |
|                          |  |                      |                               |                       |     |                       | □ No   |
|                          |  |                      |                               |                       |     |                       | ☐ Yes  |
|                          |  |                      |                               |                       |     |                       | □ No   |
|                          |  |                      |                               |                       |     |                       | ☐ Yes  |
|                          | our expenses include   | ■ No                 |                               |                       |     |                       |  |
|                          | enses of people other t<br>rself and your depende                            | than 🗖 🗸 -           |                               |                       |     |                       |  |
| you                      | iseli aliu your depelide   | яно:                 |                               |                       |     |                       |  |
| Part 2:                  | <b>Estimate Your Ongo</b>  |                      |                               |                       |     |                       |  |
|                          |  |                      |                               |                       |     |                       | pter 13 case to report<br>f the form and fill in the |
| Include e                | expenses paid for with   | non-cash govern      | ment assistance in            | you know              |     |                       |  |
| the value<br>(Official I | of such assistance ar<br>Form 6I.)   | d have included      | it on <i>Schedule I:</i> Y    | our Income            |     | Your expe             | enses  |
|                          | rental or home owners<br>ments and any rent for th                           |                      | your residence. In            | nclude first mortgage | 4.  | \$                    | 1,900.00   |
| If no                    | ot included in line 4:   |                      |                               |                       |     |                       |  |
| 4a.                      | Real estate taxes  |                      |                               |                       | 4a. | \$                    | 0.00   |
| 4b.                      | Property, homeowner'   | s, or renter's insur | ance                          |                       | 4b. | :                     | 0.00   |
| 4c.                      | Home maintenance, re   |                      |                               |                       | 4c. |                       | 0.00   |
| 4d.                      | Homeowner's associa  | tion or condominic   | ım dues                       |                       | 4d. | \$                    | 0.00   |
| 5 Add                    | itional mortgage navm  | ents for your res    | idence such as ho             | me equity loans       | 5   | •                     | 0.00   |

Official Form B 6J Schedule J: Your Expenses page 1

| Debtor 1 | Norma Sue Gazdacko  | Case number (if known)                      |                            |
|----------|---|---|----------------------------|
| . Utili  | ities:  |   |                            |
| 6a.      | Electricity, heat, natural gas  | 6a. \$                                      | 301.00                     |
| 6b.      | Water, sewer, garbage collection  | 6b. \$                                      | 595.00                     |
| 6c.      | Telephone, cell phone, Internet, satellite, and cable serv  | rices 6c. \$                                | 470.00                     |
| 6d.      | Other. Specify:   | 6d. \$                                      | 0.00                       |
| Foo      | d and housekeeping supplies   | 7. \$                                       | 595.00                     |
| Chil     | dcare and children's education costs  | 8. \$                                       | 0.00                       |
| Clot     | thing, laundry, and dry cleaning  | 9. \$                                       | 145.00                     |
| . Pers   | sonal care products and services  | 10. \$                                      | 135.00                     |
| . Med    | lical and dental expenses   | 11. \$                                      | 180.00                     |
|          | nsportation. Include gas, maintenance, bus or train fare. not include car payments.                         | 12. \$                                      | 625.00                     |
| . Ente   | ertainment, clubs, recreation, newspapers, magazines,   | and books 13. \$                            | 0.00                       |
| . Cha    | ritable contributions and religious donations   | 14. \$                                      | 45.00                      |
| . Insu   | ırance.   |   |                            |
|          | not include insurance deducted from your pay or included in   | n lines 4 or 20.                            |                            |
|          | . Life insurance  | 15a. \$                                     | 283.00                     |
|          | . Health insurance  | 15b. \$                                     | 0.00                       |
|          | Vehicle insurance   | 15c. \$                                     | 123.00                     |
|          | Other insurance. Specify:   | 15d. \$                                     | 0.00                       |
|          | es. Do not include taxes deducted from your pay or include cify: IRS arrearages                             | ed in lines 4 or 20.<br>16. \$              | 200.00                     |
|          | allment or lease payments:  |   |                            |
| 17a.     | . Car payments for Vehicle 1  | 17a. \$                                     | 0.00                       |
| 17b.     | . Car payments for Vehicle 2  | 17b. \$                                     | 0.00                       |
| 17c.     | Other. Specify:   | 17c. \$                                     | 0.00                       |
| 17d.     | . Other. Specify:   | 17d. \$                                     | 0.00                       |
|          | r payments of alimony, maintenance, and support that ucted from your pay on line 5, Schedule I, Your Income |   | 0.00                       |
|          | er payments you make to support others who do not li  |   | 0.00                       |
| Spe      |   | 19.   |                            |
|          | er real property expenses not included in lines 4 or 5 o  | of this form or on Schedule I: Your Income. |                            |
| 20a.     | . Mortgages on other property   | 20a. \$                                     | 0.00                       |
| 20b.     | . Real estate taxes   | 20b. \$                                     | 0.00                       |
| 20c.     | Property, homeowner's, or renter's insurance  | 20c. \$                                     | 0.00                       |
| 20d.     | . Maintenance, repair, and upkeep expenses  | 20d. \$                                     | 0.00                       |
| 20e.     | . Homeowner's association or condominium dues   | 20e. \$                                     | 0.00                       |
| . Othe   | er: Specify: Emergency fund   | 21. +\$                                     | 75.00                      |
|          | r monthly expenses. Add lines 4 through 21. result is your monthly expenses.                                | 22. \$                                      | 5,672.00                   |
|          | culate your monthly net income.   |   |                            |
|          | . Copy line 12 (your combined monthly income) from Scho   | edule I. 23a. \$                            | 4,637.57                   |
|          | Copy your monthly expenses from line 22 above.  | 23b\$                                       | 5,672.00                   |
|          |   | ·   | <u> </u>                   |
| 23c.     | Subtract your monthly expenses from your monthly income.  | me. 23c. \$                                 | -1,034.43                  |
| For e    |   |   | e or decrease because of a |
| Expl     |   |   |                            |

# United States Bankruptcy Court Northern District of Ohio

| In re | Norma Sue Gazdacko   |           |                 | Case No.    |    |
|-------|--|-----------|-----------------|-------------|----|
|       |  |           | Debtor(s)       | Chapter     | 7  |
|       |  |           |                 |             |    |
|       | DECLARATION  | N CONCERN | NING DEBTO      | R'S SCHEDUL | ES |
|       | BTOR   |           |                 |             |    |
|       | I declare under penalty of perju<br>sheets, and that they are true and correct | •         | 0 0             | •           |    |
| Date  | January 14, 2015   | Signature | /s/ Norma Sue G |             |    |
|       |  |           | Debtor          |             |    |

Penalty for making a false statement or concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both. 18 U.S.C. §§ 152 and 3571.

# United States Bankruptcy Court Northern District of Ohio

| In re | Norma Sue Gazdacko |           | Case No. |   |
|-------|--------------------|-----------|----------|---|
|       |                    | Debtor(s) | Chapter  | 7 |

#### STATEMENT OF FINANCIAL AFFAIRS

This statement is to be completed by every debtor. Spouses filing a joint petition may file a single statement on which the information for both spouses is combined. If the case is filed under chapter 12 or chapter 13, a married debtor must furnish information for both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed. An individual debtor engaged in business as a sole proprietor, partner, family farmer, or self-employed professional, should provide the information requested on this statement concerning all such activities as well as the individual's personal affairs. To indicate payments, transfers and the like to minor children, state the child's initials and the name and address of the child's parent or guardian, such as "A.B., a minor child, by John Doe, guardian." Do not disclose the child's name. See, 11 U.S.C. § 112; Fed. R. Bankr. P. 1007(m).

Questions 1 - 18 are to be completed by all debtors. Debtors that are or have been in business, as defined below, also must complete Questions 19 - 25. **If the answer to an applicable question is "None," mark the box labeled "None."** If additional space is needed for the answer to any question, use and attach a separate sheet properly identified with the case name, case number (if known), and the number of the question.

#### **DEFINITIONS**

"In business." A debtor is "in business" for the purpose of this form if the debtor is a corporation or partnership. An individual debtor is "in business" for the purpose of this form if the debtor is or has been, within six years immediately preceding the filing of this bankruptcy case, any of the following: an officer, director, managing executive, or owner of 5 percent or more of the voting or equity securities of a corporation; a partner, other than a limited partner, of a partnership; a sole proprietor or self-employed full-time or part-time. An individual debtor also may be "in business" for the purpose of this form if the debtor engages in a trade, business, or other activity, other than as an employee, to supplement income from the debtor's primary employment.

"Insider." The term "insider" includes but is not limited to: relatives of the debtor; general partners of the debtor and their relatives; corporations of which the debtor is an officer, director, or person in control; officers, directors, and any persons in control of a corporate debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(2), (31).

#### 1. Income from employment or operation of business

None  $\square$ 

State the gross amount of income the debtor has received from employment, trade, or profession, or from operation of the debtor's business, including part-time activities either as an employee or in independent trade or business, from the beginning of this calendar year to the date this case was commenced. State also the gross amounts received during the **two years** immediately preceding this calendar year. (A debtor that maintains, or has maintained, financial records on the basis of a fiscal rather than a calendar year may report fiscal year income. Identify the beginning and ending dates of the debtor's fiscal year.) If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income of both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$0.00 2015 Income from employment, to date

\$10,791.11 2014 Income from employment \$10,351.00 2013 Income from employment

# 2. Income other than from employment or operation of business

None

State the amount of income received by the debtor other than from employment, trade, profession, or operation of the debtor's business during the **two years** immediately preceding the commencement of this case. Give particulars. If a joint petition is filed, state income for each spouse separately. (Married debtors filing under chapter 12 or chapter 13 must state income for each spouse whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

AMOUNT SOURCE

\$600.00 2015 Income to date from Social Security

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Best Case Bankruptcy

AMOUNT **SOURCE** 

\$7.080.00 2014 Income from Social Security \$7,080.00 2013 Income from Social Security

#### 3. Payments to creditors

None

Complete a. or b., as appropriate, and c.

a. Individual or joint debtor(s) with primarily consumer debts: List all payments on loans, installment purchases of goods or services, and other debts to any creditor made within 90 days immediately preceding the commencement of this case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$600. Indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATES OF **PAYMENTS** 

AMOUNT PAID

AMOUNT STILL OWING

None

b. Debtor whose debts are not primarily consumer debts: List each payment or other transfer to any creditor made within 90 days immediately preceding the commencement of the case unless the aggregate value of all property that constitutes or is affected by such transfer is less than \$6,225\*. If the debtor is an individual, indicate with an asterisk (\*) any payments that were made to a creditor on account of a domestic support obligation or as part of an alternative repayment schedule under a plan by an approved nonprofit budgeting and credit counseling agency. (Married debtors filing under chapter 12 or chapter 13 must include payments and other transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

> **AMOUNT** DATES OF PAID OR PAYMENTS/ AMOUNT STILL VALUE OF **TRANSFERS TRANSFERS**

NAME AND ADDRESS OF CREDITOR

c. All debtors: List all payments made within one year immediately preceding the commencement of this case to or for the benefit of creditors who are or were insiders. (Married debtors filing under chapter 12 or chapter 13 must include payments by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR AND RELATIONSHIP TO DEBTOR

DATE OF PAYMENT

AMOUNT PAID

AMOUNT STILL **OWING** 

OWING

#### 4. Suits and administrative proceedings, executions, garnishments and attachments

None

None

a. List all suits and administrative proceedings to which the debtor is or was a party within **one year** immediately preceding the filing of this bankruptcy case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

CAPTION OF SUIT AND CASE NUMBER

NATURE OF **PROCEEDING**  COURT OR AGENCY AND LOCATION

STATUS OR DISPOSITION

None

b. Describe all property that has been attached, garnished or seized under any legal or equitable process within one year immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON FOR WHOSE BENEFIT PROPERTY WAS SEIZED

DATE OF SEIZURE

DESCRIPTION AND VALUE OF **PROPERTY** 

 $^st$  Amount subject to adjustment on 4/01/16, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

#### 5. Repossessions, foreclosures and returns

None

List all property that has been repossessed by a creditor, sold at a foreclosure sale, transferred through a deed in lieu of foreclosure or returned to the seller, within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR OR SELLER DATE OF REPOSSESSION, FORECLOSURE SALE, TRANSFER OR RETURN

DESCRIPTION AND VALUE OF PROPERTY

#### 6. Assignments and receiverships

None

a. Describe any assignment of property for the benefit of creditors made within **120 days** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include any assignment by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF ASSIGNEE

DATE OF ASSIGNMENT

TERMS OF ASSIGNMENT OR SETTLEMENT

. . . .

b. List all property which has been in the hands of a custodian, receiver, or court-appointed official within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning property of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CUSTODIAN NAME AND LOCATION OF COURT CASE TITLE & NUMBER

DATE OF ORDER DESCRIPTION AND VALUE OF

PROPERTY

#### 7. Gifts

None

List all gifts or charitable contributions made within **one year** immediately preceding the commencement of this case except ordinary and usual gifts to family members aggregating less than \$200 in value per individual family member and charitable contributions aggregating less than \$100 per recipient. (Married debtors filing under chapter 12 or chapter 13 must include gifts or contributions by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF PERSON OR ORGANIZATION

RELATIONSHIP TO DEBTOR. IF ANY

DATE OF GIFT

DESCRIPTION AND VALUE OF GIFT

#### 8. Losses

None

List all losses from fire, theft, other casualty or gambling within **one year** immediately preceding the commencement of this case **or since the commencement of this case.** (Married debtors filing under chapter 12 or chapter 13 must include losses by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

DESCRIPTION AND VALUE OF PROPERTY

DESCRIPTION OF CIRCUMSTANCES AND, IF LOSS WAS COVERED IN WHOLE OR IN PART BY INSURANCE, GIVE PARTICULARS

DATE OF LOSS

#### 9. Payments related to debt counseling or bankruptcy

None

List all payments made or property transferred by or on behalf of the debtor to any persons, including attorneys, for consultation concerning debt consolidation, relief under the bankruptcy law or preparation of the petition in bankruptcy within **one year** immediately preceding the commencement of this case.

NAME AND ADDRESS OF PAYEE

Knevel & Associates Co LPA 629 Euclid Ave Suite 519 Cleveland, OH 44114 DATE OF PAYMENT, NAME OF PAYER IF OTHER THAN DEBTOR 11/14/15

AMOUNT OF MONEY
OR DESCRIPTION AND VALUE
OF PROPERTY

\$700

1

#### 10. Other transfers

None

a. List all other property, other than property transferred in the ordinary course of the business or financial affairs of the debtor, transferred either absolutely or as security within **two years** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include transfers by either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF TRANSFEREE, RELATIONSHIP TO DEBTOR

DATE

DESCRIBE PROPERTY TRANSFERRED AND VALUE RECEIVED

None b. List all property transferred by the debtor within **ten years** immediately preceding the commencement of this case to a self-settled trust or similar device of which the debtor is a beneficiary.

NAME OF TRUST OR OTHER

DEVICE

DATE(S) OF TRANSFER(S) AMOUNT OF MONEY OR DESCRIPTION AND VALUE OF PROPERTY OR DEBTOR'S INTEREST

IN PROPERTY

#### 11. Closed financial accounts

None

List all financial accounts and instruments held in the name of the debtor or for the benefit of the debtor which were closed, sold, or otherwise transferred within **one year** immediately preceding the commencement of this case. Include checking, savings, or other financial accounts, certificates of deposit, or other instruments; shares and share accounts held in banks, credit unions, pension funds, cooperatives, associations, brokerage houses and other financial institutions. (Married debtors filing under chapter 12 or chapter 13 must include information concerning accounts or instruments held by or for either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF INSTITUTION

TYPE OF ACCOUNT, LAST FOUR DIGITS OF ACCOUNT NUMBER, AND AMOUNT OF FINAL BALANCE

AMOUNT AND DATE OF SALE OR CLOSING

# 12. Safe deposit boxes

None

List each safe deposit or other box or depository in which the debtor has or had securities, cash, or other valuables within **one year** immediately preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include boxes or depositories of either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF BANK OR OTHER DEPOSITORY NAMES AND ADDRESSES OF THOSE WITH ACCESS TO BOX OR DEPOSITORY

DESCRIPTION OF CONTENTS

DATE OF TRANSFER OR SURRENDER, IF ANY

#### 13. Setoffs

None

List all setoffs made by any creditor, including a bank, against a debt or deposit of the debtor within **90 days** preceding the commencement of this case. (Married debtors filing under chapter 12 or chapter 13 must include information concerning either or both spouses whether or not a joint petition is filed, unless the spouses are separated and a joint petition is not filed.)

NAME AND ADDRESS OF CREDITOR

DATE OF SETOFF

AMOUNT OF SETOFF

#### 14. Property held for another person

None

List all property owned by another person that the debtor holds or controls.

NAME AND ADDRESS OF OWNER

DESCRIPTION AND VALUE OF PROPERTY

LOCATION OF PROPERTY

5

#### 15. Prior address of debtor

None

If the debtor has moved within **three years** immediately preceding the commencement of this case, list all premises which the debtor occupied during that period and vacated prior to the commencement of this case. If a joint petition is filed, report also any separate address of either spouse.

ADDRESS NAME USED DATES OF OCCUPANCY

#### 16. Spouses and Former Spouses

None

If the debtor resides or resided in a community property state, commonwealth, or territory (including Alaska, Arizona, California, Idaho, Louisiana, Nevada, New Mexico, Puerto Rico, Texas, Washington, or Wisconsin) within **eight years** immediately preceding the commencement of the case, identify the name of the debtor's spouse and of any former spouse who resides or resided with the debtor in the community property state.

NAME

#### 17. Environmental Information.

For the purpose of this question, the following definitions apply:

"Environmental Law" means any federal, state, or local statute or regulation regulating pollution, contamination, releases of hazardous or toxic substances, wastes or material into the air, land, soil, surface water, groundwater, or other medium, including, but not limited to, statutes or regulations regulating the cleanup of these substances, wastes, or material.

"Site" means any location, facility, or property as defined under any Environmental Law, whether or not presently or formerly owned or operated by the debtor, including, but not limited to, disposal sites.

"Hazardous Material" means anything defined as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, or contaminant or similar term under an Environmental Law

None

a. List the name and address of every site for which the debtor has received notice in writing by a governmental unit that it may be liable or potentially liable under or in violation of an Environmental Law. Indicate the governmental unit, the date of the notice, and, if known, the Environmental Law:

SITE NAME AND ADDRESS GOVE

NAME AND ADDRESS OF GOVERNMENTAL UNIT DATE OF

**ENVIRONMENTAL** 

GOVERNMENTAL UNIT NOTICE LAW

None b. List the name and address of every site for which the debtor provided notice to a governmental unit of a release of Hazardous Material. Indicate the governmental unit to which the notice was sent and the date of the notice.

SITE NAME AND ADDRESS

docket number.

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DATE OF

**ENVIRONMENTAL** 

NOTICE LAW

None c. List all judicial or administrative proceedings, including settlements or orders, under any Environmental Law with respect to which the debtor is or was a party. Indicate the name and address of the governmental unit that is or was a party to the proceeding, and the

NAME AND ADDRESS OF GOVERNMENTAL UNIT

DOCKET NUMBER

STATUS OR DISPOSITION

#### 18. Nature, location and name of business

None

a. If the debtor is an individual, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was an officer, director, partner, or managing executive of a corporation, partner in a partnership, sole proprietor, or was self-employed in a trade, profession, or other activity either full- or part-time within six years immediately preceding the commencement of this case, or in which the debtor owned 5 percent or more of the voting or equity securities within six years immediately preceding the commencement of this case.

If the debtor is a partnership, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities, within six years immediately preceding the commencement of this case.

If the debtor is a corporation, list the names, addresses, taxpayer identification numbers, nature of the businesses, and beginning and ending dates of all businesses in which the debtor was a partner or owned 5 percent or more of the voting or equity securities within six **years** immediately preceding the commencement of this case.

> LAST FOUR DIGITS OF SOCIAL-SECURITY OR OTHER INDIVIDUAL TAXPAYER-I.D. NO. (ITIN)/ COMPLETE EIN ADDRESS

**BEGINNING AND** 

NAME

NATURE OF BUSINESS **ENDING DATES** 

None

b. Identify any business listed in response to subdivision a., above, that is "single asset real estate" as defined in 11 U.S.C. § 101.

NAME **ADDRESS**  7

#### DECLARATION UNDER PENALTY OF PERJURY BY INDIVIDUAL DEBTOR

I declare under penalty of perjury that I have read the answers contained in the foregoing statement of financial affairs and any attachments thereto and that they are true and correct.

| Date | January 14, 2015 | Signature | /s/ Norma Sue Gazdacko |  |
|------|------------------|-----------|------------------------|--|
|      |                  |           | Norma Sue Gazdacko     |  |
|      |                  |           | Debtor                 |  |

Penalty for making a false statement: Fine of up to \$500,000 or imprisonment for up to 5 years, or both. 18 U.S.C. §§ 152 and 3571

# United States Bankruptcy Court Northern District of Ohio

| In re Norma Sue Gazdacko   |                    |  | Case No.                         |                                  |
|--|--------------------|--|----------------------------------|----------------------------------|
|  |                    | Debtor(s)  | Chapter                          | 7                                |
| CHAPTER 7 II   | NDIVIDUAL DEBT     | OR'S STATEMI   | ENT OF INTEN                     | TION                             |
| PART A - Debts secured by property property of the estate. Attach  |                    | •  | npleted for <b>EACI</b>          | I debt which is secured by       |
| Property No. 1   |                    |  |                                  |                                  |
| Creditor's Name:<br>Selene Finance   |                    | Describe Proper 525 Hilbish Ave Akron, Ohio Liens:  1) Selene Finan Intend to retain | ce, \$220,000                    | :                                |
| Property will be (check one):  |                    |  |                                  |                                  |
| Surrendered  | ■ Retained         |  |                                  |                                  |
| If retaining the property, I intend to (checon Redeem the property Reaffirm the debt  ■ Other. Explain Retain collaterate using 11 U.S.C. § 522(f)). |                    | payments pursuit   | t to terms of contr              | ract (for example, avoid lien    |
| Property is (check one):   |                    |  |                                  |                                  |
| ☐ Claimed as Exempt  |                    | ■ Not claimed a  | as exempt                        |                                  |
| PART B - Personal property subject to un<br>Attach additional pages if necessary.)  Property No. 1   | <u> </u>           |  |                                  | -                                |
| Lessor's Name: -NONE-  | Describe Leased Pr | roperty:   | Lease will be U.S.C. § 365 ☐ YES | e Assumed pursuant to 11 (p)(2): |
| I declare under penalty of perjury that<br>personal property subject to an unexpir   |                    | intention as to ar   | ny property of my                | estate securing a debt and/or    |
| Date <b>January 14, 2015</b>   | Signature          | /s/ Norma Sue G  | azdacko                          |                                  |
|  |                    | Norma Sue Gazd<br>Debtor   | lacko                            |                                  |

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Best Case Bankruptcy

# United States Bankruptcy Court Northern District of Ohio

| In r | e Norma Sue Gazdacko   |  | Case No.             |                                     |  |  |  |  |
|------|--|--|----------------------|-------------------------------------|--|--|--|--|
|      |  | Debtor(s)  | Chapter              | 7                                   |  |  |  |  |
|      | DISCLOSURE O   | F COMPENSATION OF ATTOR  | NEY FOR DE           | EBTOR(S)                            |  |  |  |  |
| 1.   | paid to me within one year before the fili   | ruptcy Rule 2016(b), I certify that I am the attor<br>ng of the petition in bankruptcy, or agreed to be<br>of or in connection with the bankruptcy case is a   | paid to me, for serv |                                     |  |  |  |  |
|      | For legal services, I have agreed to   | accept   | \$                   | 700.00                              |  |  |  |  |
|      | Prior to the filing of this statement I  | have received  | \$                   | 700.00                              |  |  |  |  |
|      | Balance Due  |  | \$                   | 0.00                                |  |  |  |  |
| 2.   | The source of the compensation paid to r   | ne was:  |                      |                                     |  |  |  |  |
|      | ■ Debtor □ Other (specif   | ·y):   |                      |                                     |  |  |  |  |
| 3.   | The source of compensation to be paid to   | o me is:   |                      |                                     |  |  |  |  |
|      | ■ Debtor □ Other (specif   | ·y):   |                      |                                     |  |  |  |  |
| 4.   | ■ I have not agreed to share the above-  | disclosed compensation with any other person u   | inless they are mem  | bers and associates of my law firm. |  |  |  |  |
|      |  | closed compensation with a person or persons what a list of the names of the people sharing in the control of the people s |                      |                                     |  |  |  |  |
| 5.   | In return for the above-disclosed fee, I h   | ave agreed to render legal service for all aspects   | of the bankruptcy c  | ase, including:                     |  |  |  |  |
|      | <ul> <li>a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;</li> <li>b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;</li> <li>c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;</li> <li>d. [Other provisions as needed]</li> <li>See written contract which sets forth terms and conditions of employment. Attorney compensation statement is not a part of the contract and is provided for informational purposes only.</li> </ul> |  |                      |                                     |  |  |  |  |
| 6.   | By agreement with the debtor(s), the abo   | ve-disclosed fee does not include the following  | service:             |                                     |  |  |  |  |
|      |  | CERTIFICATION  |                      |                                     |  |  |  |  |
| this | I certify that the foregoing is a complete bankruptcy proceeding.  | statement of any agreement or arrangement for p  | payment to me for re | epresentation of the debtor(s) in   |  |  |  |  |
| Date | ed: <b>January 14, 2015</b>  | /s/ Mark H. Knevel   |                      |                                     |  |  |  |  |
|      |  | Mark H. Knevel (00<br>KNEVEL & ASSOC   |                      |                                     |  |  |  |  |
|      |  | 5250 Transportation  |                      |                                     |  |  |  |  |
|      |  | Garfield Heights, 0  | OH 44125             |                                     |  |  |  |  |
|      |  | (216) 523-7800 Fa<br>mknevel@knevel.   |                      |                                     |  |  |  |  |

# UNITED STATES BANKRUPTCY COURT NORTHERN DISTRICT OF OHIO

# NOTICE TO CONSUMER DEBTOR(S) UNDER § 342(b) OF THE BANKRUPTCY CODE

In accordance with § 342(b) of the Bankruptcy Code, this notice to individuals with primarily consumer debts: (1) Describes briefly the services available from credit counseling services; (2) Describes briefly the purposes, benefits and costs of the four types of bankruptcy proceedings you may commence; and (3) Informs you about bankruptcy crimes and notifies you that the Attorney General may examine all information you supply in connection with a bankruptcy case.

You are cautioned that bankruptcy law is complicated and not easily described. Thus, you may wish to seek the advice of an attorney to learn of your rights and responsibilities should you decide to file a petition. Court employees cannot give you legal advice.

Notices from the bankruptcy court are sent to the mailing address you list on your bankruptcy petition. In order to ensure that you receive information about events concerning your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address. If you are filing a **joint case** (a single bankruptcy case for two individuals married to each other), and each spouse lists the same mailing address on the bankruptcy petition, you and your spouse will generally receive a single copy of each notice mailed from the bankruptcy court in a jointly-addressed envelope, unless you file a statement with the court requesting that each spouse receive a separate copy of all notices.

#### 1. Services Available from Credit Counseling Agencies

With limited exceptions, § 109(h) of the Bankruptcy Code requires that all individual debtors who file for bankruptcy relief on or after October 17, 2005, receive a briefing that outlines the available opportunities for credit counseling and provides assistance in performing a budget analysis. The briefing must be given within 180 days <u>before</u> the bankruptcy filing. The briefing may be provided individually or in a group (including briefings conducted by telephone or on the Internet) and must be provided by a nonprofit budget and credit counseling agency approved by the United States trustee or bankruptcy administrator. The clerk of the bankruptcy court has a list that you may consult of the approved budget and credit counseling agencies. Each debtor in a joint case must complete the briefing.

In addition, after filing a bankruptcy case, an individual debtor generally must complete a financial management instructional course before he or she can receive a discharge. The clerk also has a list of approved financial management instructional courses. Each debtor in a joint case must complete the course.

#### 2. The Four Chapters of the Bankruptcy Code Available to Individual Consumer Debtors

#### Chapter 7: Liquidation (\$245 filing fee, \$75 administrative fee, \$15 trustee surcharge: Total Fee \$335)

Chapter 7 is designed for debtors in financial difficulty who do not have the ability to pay their existing debts. Debtors whose debts are primarily consumer debts are subject to a "means test" designed to determine whether the case should be permitted to proceed under chapter 7. If your income is greater than the median income for your state of residence and family size, in some cases, the United States trustee (or bankruptcy administrator), the trustee, or creditors have the right to file a motion requesting that the court dismiss your case under § 707(b) of the Code. It is up to the court to decide whether the case should be dismissed.

Under chapter 7, you may claim certain of your property as exempt under governing law. A trustee may have the right to take possession of and sell the remaining property that is not exempt and use the sale proceeds to pay your creditors.

The purpose of filing a chapter 7 case is to obtain a discharge of your existing debts. If, however, you are found to have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge and, if it does, the purpose for which you filed the bankruptcy petition will be defeated.

Even if you receive a general discharge, some particular debts are not discharged under the law. Therefore, you may still be responsible for most taxes and student loans; debts incurred to pay nondischargeable taxes; domestic support and property settlement obligations; most fines, penalties, forfeitures, and criminal restitution obligations; certain debts which are not properly listed in your bankruptcy papers; and debts for death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs. Also, if a creditor can prove that a debt arose from fraud, breach of fiduciary duty, or theft, or from a willful and malicious injury, the bankruptcy court may determine that the debt is not discharged.

# <u>Chapter 13</u>: Repayment of All or Part of the Debts of an Individual with Regular Income (\$235 filing fee, \$75 administrative fee: Total Fee \$310)

Chapter 13 is designed for individuals with regular income who would like to pay all or part of their debts in installments over a period of time. You are only eligible for chapter 13 if your debts do not exceed certain dollar amounts set forth in the

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Best Case Bankruptcy

#### Bankruptcy Code.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, using your future earnings. The period allowed by the court to repay your debts may be three years or five years, depending upon your income and other factors. The court must approve your plan before it can take effect.

After completing the payments under your plan, your debts are generally discharged except for domestic support obligations; most student loans; certain taxes; most criminal fines and restitution obligations; certain debts which are not properly listed in your bankruptcy papers; certain debts for acts that caused death or personal injury; and certain long term secured obligations.

### Chapter 11: Reorganization (\$1,167 filing fee, \$550 administrative fee: Total Fee \$1,717)

Chapter 11 is designed for the reorganization of a business but is also available to consumer debtors. Its provisions are quite complicated, and any decision by an individual to file a chapter 11 petition should be reviewed with an attorney.

#### Chapter 12: Family Farmer or Fisherman (\$200 filing fee, \$75 administrative fee: Total Fee \$275)

Chapter 12 is designed to permit family farmers and fishermen to repay their debts over a period of time from future earnings and is similar to chapter 13. The eligibility requirements are restrictive, limiting its use to those whose income arises primarily from a family-owned farm or commercial fishing operation.

#### 3. Bankruptcy Crimes and Availability of Bankruptcy Papers to Law Enforcement Officials

A person who knowingly and fraudulently conceals assets or makes a false oath or statement under penalty of perjury, either orally or in writing, in connection with a bankruptcy case is subject to a fine, imprisonment, or both. All information supplied by a debtor in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the United States Trustee, the Office of the United States Attorney, and other components and employees of the Department of Justice.

**WARNING:** Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information regarding your creditors, assets, liabilities, income, expenses and general financial condition. Your bankruptcy case may be dismissed if this information is not filed with the court within the time deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court. The documents and the deadlines for filing them are listed on Form B200, which is posted at <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html#procedure</a>.

B 201B (Form 201B) (12/09)

# United States Bankruptcy Court Northern District of Ohio

| In re | Norma Sue Gazdacko  | Case No. |      |
|-------|---|----------|------|
|       | Debtor(s)   | Chapter  | 7    |
|       | CERTIFICATION OF NOTICE TO COM<br>UNDER § 342(b) OF THE BANKE |          | R(S) |

# **Certification of Debtor**

I (We), the debtor(s), affirm that I (we) have received and read the attached notice, as required by § 342(b) of the Bankruptcy Code.

| Norma Sue Gazdacko                    | X /s/ Norma Sue Gazdacko           | January 14, 2015 |
|---------------------------------------|------------------------------------|------------------|
| Printed Name(s) of Debtor(s)          | Signature of Debtor                | Date             |
| Case No. (if known)                   | X                                  |                  |
| · · · · · · · · · · · · · · · · · · · | Signature of Joint Debtor (if any) | Date             |

Instructions: Attach a copy of Form B 201 A, Notice to Consumer Debtor(s) Under § 342(b) of the Bankruptcy Code.

Use this form to certify that the debtor has received the notice required by 11 U.S.C. § 342(b) **only** if the certification has **NOT** been made on the Voluntary Petition, Official Form B1. Exhibit B on page 2 of Form B1 contains a certification by the debtor's attorney that the attorney has given the notice to the debtor. The Declarations made by debtors and bankruptcy petition preparers on page 3 of Form B1 also include this certification.

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# **United States Bankruptcy Court Northern District of Ohio**

| In re  | Norma Sue Gazdacko                    |  | Case No.          |                       |
|--------|---------------------------------------|--|-------------------|-----------------------|
|        |                                       | Debtor(s)  | Chapter           | 7                     |
|        | VERIF                                 | <b>IATRIX</b>                                    |                   |                       |
| Γhe ab | ove-named Debtor hereby verifies that | t the attached list of creditors is true and con | rrect to the best | of his/her knowledge. |
| Date:  | January 14, 2015                      | /s/ Norma Sue Gazdacko                           |                   |                       |
|        |                                       | Norma Sue Gazdacko                               |                   |                       |
|        |                                       | Signature of Debtor                              |                   |                       |

Capital One PO Box 85064 Glen Allen, VA 23058

Capital One PO Box 85064 Glen Allen, VA 23058

Capital One PO Box 85064 Glen Allen, VA 23058

Citifinancial Inc 350 N St Paul #2900 Dallas, TX 75201

HFC Po Box 4153 Carol Stream, IL 60197

Internal Revenue Service Insolvency Group 6 1240 East Ninth Street, Room 493 Cleveland, OH 44199

Internal Revenue Service c/o United States Attorney Carl B Stokes US Court House 801 West Superior Ave. Suite 400 Cleveland, OH 44113-1852

Internal Revenue Service c/o United States Attorney General US Dept of Justice Tax Division PO Box 55, Ben Franklin Station Washington, DC 20044

Internal Revenue Service\*
PO Box 7346
Philadelphia, PA 19101-7346

Selene Finance 9990 Richmond Suite 400 South Houston, TX 77042 Target/Td PO Box 673 Minneapolis, MN 55440

Thd/Cbna PO Box 6497 Sioux Falls, SD 57117

| Fill in the                      | nis information to identify your case:   |  | Ch  | neck one box on                                   | ly as direc                   | ted in this forn                   | n and in Form                |
|----------------------------------|--|--|---|---|-------------------------------|------------------------------------|------------------------------|
| Debtor                           | Norma Sue Gazdacko   |  | 22  | A-1Supp:  |                               |                                    |                              |
| Debtor 2                         | 2<br>e, if filing)   |  |   | ■ 1. There is no p                                | ·                             |                                    |                              |
| United S                         | States Bankruptcy Court for the: Northern District of  | Ohio   |   | 2. The calculati<br>applies will l<br>Calculation | be made un                    | ider Chapter 7 I                   |                              |
| Case nu<br>(if know              |  |  | _   | ☐ 3. The Means ☐ qualified mil                    |                               | ot apply now be<br>but it could ap |                              |
|                                  |  |  |   | ☐ Check if this                                   | is an ame                     | nded filing                        | ,                            |
| Offici                           | ial Form 22A - 1   |  |   |   |                               |                                    |                              |
| Chap                             | oter 7 Statement of Your Curr  | ent Mor  | ithly Inc   | ome   |                               |                                    | 12/1                         |
| space is<br>addition<br>you do r | omplete and accurate as possible. If two married possible attach a separate sheet to this form. Include all pages, write your name and case number (if known thave primarily consumer debts or because of option of Abuse Under § 707(b)(2) (Official Form 22 According to the Calculate Your Current Monthly Income | ude the line no<br>own). If you be<br>qualifying milit | umber to whice<br>elieve that you<br>ary service, c | ch the additional i<br>are exempted fr            | information<br>om a presu     | n applies. On the sumption of abu  | he top of any<br>ise because |
| 1. <b>W</b> l                    | nat is your marital and filing status? Check one only  | <b>/</b> .   |   |   |                               |                                    |                              |
|                                  | Not married. Fill out Column A, lines 2-11.  |  |   |   |                               |                                    |                              |
|                                  | Married and your spouse is filing with you. Fill out   | both Columns   | A and B, lines                                      | 2-11.   |                               |                                    |                              |
| •                                | Married and your spouse is NOT filing with you. Y  | ou and your s  | pouse are:  |   |                               |                                    |                              |
|                                  | Living in the same household and are not legall  | y separated. F   | Fill out both Co                                    | lumns A and B, lin                                | nes 2-11.                     |                                    |                              |
|                                  | ☐ Living separately or are legally separated. fill ou penalty of perjury that you and your spouse are leg living apart for reasons that do not include evading   | t Column A, lin  | es 2-11; do no<br>under nonbar                      | t fill out Column Bakruptcy law that a            | . By checkir<br>pplies or tha |                                    |                              |
| case<br>of you<br>incon          | n the average monthly income that you received from 11 U.S.C. § 101(10A). For example, if you are filing our monthly income varied during the 6 months, add the ne amount more than once. For example, if both spous lave nothing to report for any line, write \$0 in the space.                                    | on September 1<br>e income for all<br>ses own the sa   | 5, the 6-month<br>6 months and                      | n period would be divide the total by             | March 1 thr<br>6. Fill in the | ough August 31<br>e result. Do not | I. If the amount include any |
|                                  |  |  |   | Column A Debtor 1                                 |                               | nn B<br>or 2 or<br>iiling spouse   |                              |
|                                  | our gross wages, salary, tips, bonuses, overtime, any old deductions).   | nd commissio   | ons (before all                                     | \$ 836.8  | 8 <u>4</u> \$                 | 993.01                             |                              |
|                                  | mony and maintenance payments. Do not include pulumn B is filled in.   | payments from  | a spouse if   | \$  | <u> </u>                      | 0.00                               |                              |
| <b>of</b><br>fro<br>an           | amounts from any source which are regularly pair you or your dependents, including child support. I m an unmarried partner, members of your household, d roommates. Include regular contributions from a spoed in. Do not include payments you listed on line 3.   | nclude regular<br>your depender                        | contributions<br>nts, parents,                      | \$0.0   | <u>00</u> \$                  | 0.00                               |                              |
| 5. <b>Ne</b>                     | t income from operating a business, profession, o  |  |   |   |                               |                                    |                              |
|                                  | oss receipts (before all deductions)   | \$ 0.00  |   |   |                               |                                    |                              |
|                                  | dinary and necessary operating expenses  | -\$ 0.00   | Onne te   | Ф 0.0   | no •                          | 0.00                               |                              |
|                                  | t monthly income from a business, profession, or farm  | \$   | Copy here ->  | \$ 0.0  | <u>00</u> \$                  | 0.00                               |                              |
|                                  | t income from rental and other real property   | \$ 0.00  |   |   |                               |                                    |                              |
|                                  | oss receipts (before all deductions)   | -\$ 0.00   |   |   |                               |                                    |                              |
|                                  | dinary and necessary operating expenses t monthly income from rental or other real property  |  | Copy here ->  | \$ 0.0  | 90 \$                         | 0.00                               |                              |

Official Form 22A-1

**Chapter 7 Statement of Your Current Monthly Income** 

page 1

Best Case Bankruptcy

0.00

0.00

\$

7. Interest, dividends, and royalties

|      | ·   |                                       |             |                   |                        |                                    |                 |                 |  |
|------|---|---------------------------------------|-------------|-------------------|------------------------|------------------------------------|-----------------|-----------------|--|
|      |   |                                       |             | Column A Debtor 1 |                        | Column B Debtor 2 or non-filing sp | oouse           |                 |  |
| 8.   | Unemployment compensation   |                                       |             | \$                | 0.00                   | \$                                 | 0.00            |                 |  |
|      | Do not enter the amount if you contend that the amoun the Social Security Act. Instead, list it here:   | t received was a ber                  | nefit under |                   |                        |                                    |                 |                 |  |
|      | For you\$   | i                                     | 0.00        |                   |                        |                                    |                 |                 |  |
|      | For your spouse \$  |                                       | 0.00        |                   |                        |                                    |                 |                 |  |
| 9.   | <b>Pension or retirement income.</b> Do not include any an benefit under the Social Security Act.   |                                       | was a       | \$                | 0.00                   | \$ 85                              | 56.00           |                 |  |
| 10   | 0. Income from all other sources not listed above. Specify the source and amount.<br>Do not include any benefits received under the Social Security Act or payments received as a victim of a war crime, a crime against humanity, or international or domestic terrorism. If necessary, list other sources on a separate page and put the total on line 10c. |                                       |             |                   |                        |                                    |                 |                 |  |
|      | 10a. Spouse's Social Security   |                                       |             | \$                | 0.00                   | \$ 1,50                            | 00.00           |                 |  |
|      | 10b.  |                                       |             | \$                | 0.00                   | \$                                 | 0.00            |                 |  |
|      | 10c. Total amounts from separate pages, if any.   |                                       | +           | \$                | 0.00                   | \$                                 | 0.00            |                 |  |
| 11   | Calculate your total current monthly income. Add line each column. Then add the total for Column A to the to  |                                       | \$          | 836.84            | <b>+</b> \$            | 3,349.01                           |                 | 4,185.85        |  |
|      |   |                                       |             |                   | ] [                    |                                    |                 | rrent monthly   |  |
| Part | 2: Determine Whether the Means Test Applies t   | o You                                 |             |                   |                        |                                    | income          |                 |  |
| 12   | Calculate your current monthly income for the year  | Follow these steps                    |             |                   |                        |                                    |                 |                 |  |
|      | •   | ·                                     |             | Con               | ılina 11 h             | <b>ere=&gt;</b> 12a.               | œ.              | 4.405.05        |  |
|      | 12a. Copy your total current monthly income from line   | · · · · · · · · · · · · · · · · · · · |             | Сору              | y iiiie i i ii         | ele=> 12a.                         | Φ               | <u>4,185.85</u> |  |
|      | Multiply by 12 (the number of months in a year)   |                                       |             |                   |                        |                                    | <b>x</b> 1:     | 2               |  |
|      |   |                                       |             |                   |                        |                                    | 0,230.20        |                 |  |
|      | 12b. The result is your annual income for this part of th   | e form                                |             |                   |                        | 12b.                               | \$              | 0,230.20        |  |
| 13   | 13. Calculate the median family income that applies to you. Follow these steps:   |                                       |             |                   |                        |                                    |                 |                 |  |
|      | Fill in the state in which you live.  | ОН                                    | 1           |                   |                        |                                    |                 |                 |  |
|      | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,   |                                       |             |                   |                        |                                    |                 |                 |  |
|      | Fill in the number of people in your household.   | 2                                     |             |                   |                        |                                    |                 |                 |  |
|      | Fill in the median family income for your state and size  | of household.                         |             |                   |                        | 13.                                | <sub>\$</sub> 5 | 3,551.00        |  |
|      |   |                                       |             |                   |                        |                                    |                 |                 |  |
| 14   | How do the lines compare?   |                                       |             |                   |                        |                                    |                 |                 |  |
|      | 14a. Line 12b is less than or equal to line 13. O Go to Part 3.   | n the top of page 1,                  | check box   | 1, There is r     | no presum <sub>i</sub> | otion of abuse.                    |                 |                 |  |
|      | 14b.  | of page 1, check box                  | 2, The pre  | sumption of       | abuse is o             | letermined by                      | Form 22         | 4-2.            |  |
| Part | 3: Sign Below   |                                       |             |                   |                        |                                    |                 |                 |  |
|      | By signing here, I declare under penalty of perjury   | that the information                  | on this sta | tement and        | in any atta            | chments is true                    | e and co        | rrect.          |  |
|      | X /s/ Norma Sue Gazdacko  |                                       |             |                   |                        |                                    |                 |                 |  |
|      | Norma Sue Gazdacko  |                                       |             |                   |                        |                                    |                 |                 |  |
|      | Signature of Debtor 1   |                                       |             |                   |                        |                                    |                 |                 |  |
|      | Date January 14, 2015 MM / DD / YYYY  |                                       |             |                   |                        |                                    |                 |                 |  |
|      | If you checked line 14a, do NOT fill out or file Form 22A-2.  |                                       |             |                   |                        |                                    |                 |                 |  |
|      | If you checked line 14b, fill out Form 22A-2 and file   |                                       |             |                   |                        |                                    |                 |                 |  |
|      |   |                                       |             |                   |                        |                                    |                 |                 |  |

Official Form 22A-1

**Chapter 7 Statement of Your Current Monthly Income** 

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